



## Communicable Disease Case Reporting and Investigation Protocol **CHLAMYDIA**

### **I. IDENTIFICATION AND DEFINITION OF CASES**

- A. **Clinical Description:** A sexually transmitted disease (STD) caused by an obligate intracellular bacterium, *Chlamydia trachomatis*. The disease is characterized by urethritis in males and mucopurulent cervicitis in females. Asymptomatic infection may be found in up to 25% of sexually active men and in up to 70% of sexually active females. The incubation period is unclear but is probably within 7-14 days or longer. Infected individuals are considered infectious until treated. Without treatment, infections can persist for months. Reinfection is common and both reinfection and untreated infections, with or without symptoms, may lead to complications. In males, these complications include epididymitis, infertility, and Reiter syndrome. Individuals who engage in receptive anorectal intercourse may develop chlamydial proctitis. Common sequelae in women include salpingitis and chronic infection of the endometrium and fallopian tubes. These complications can lead to chronic pelvic pain, infertility, and ectopic pregnancy. Infection during pregnancy may result in premature rupture of membranes and preterm delivery and/or complications in the newborn, including conjunctival and pneumonic infections. Endocervical chlamydial infection has been associated with increased risk of HIV infection. Though less commonly reported in the U.S., *C. trachomatis* is also the cause of trachoma infection and lymphogranuloma venereum.
- B. **Laboratory Criteria:** Laboratory confirmation of *Chlamydia trachomatis* by:
- Detection of *C. trachomatis* by molecular tests, the most sensitive of which are the nucleic acid amplification tests (NAATs), **OR**
  - Isolation of *C. trachomatis* in culture.
- C. **Wisconsin Surveillance Case Definition:** A laboratory confirmed infection.

### **II. REPORTING**

- A. **Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient's local health officer or to the local health officer's designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § [DHS 145.04 \(3\) \(b\)](#). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report [F-44243](#) or other means within 24 hours of the identification of a case or suspected case.
- B. **Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).
- C. **Clinical Criteria for Reporting:** Clinically compatible illness.
- D. **Laboratory Criteria for Reporting:** Laboratory evidence of infection by culture or nonculture-based methods. All positive results should be reported.

### **III. CASE INVESTIGATION**

- A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.
- B. **Required Documentation:**
1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.

2. Upon completion of investigation, set WEDSS disease incident process status to “Final” and resolution status to “Confirmed.”

C. **Additional Investigation Responsibilities:** Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

#### IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics’ *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. Screening of women for *C. trachomatis* has been shown to reduce the risk of pelvic inflammatory disease. Annual screening of sexually active women is recommended.
- C. Patients should be counseled for their risk of infection with HIV and other STDs and on the use of condoms and other methods to reduce exposure to STDs, including HIV.
- D. Dual infection with gonorrhea and chlamydia is common. Though the epidemiology of gonorrhea and chlamydia infections supports presumptive treatment for chlamydia for patients who first present with gonorrhea infection, testing for gonorrhea should be considered for patients who present first with a positive test for chlamydia infection,.
- E. Patients should be advised to avoid sex for seven days following the completion of treatment and that their sexual partner should be tested and treated.
- F. Source investigation by LHD: Patients should be interviewed for all sexual partners and other at-risk individuals (referred to as social contacts and associates). The interview period for sex partners is from 60 days prior to the onset of symptoms or positive test (whichever is earlier) to the date of treatment. Partners identified within this interview period should be notified and referred for testing and treatment (regardless of test results). Other at-risk individuals (social contacts and associates, including sex partners prior to the interview period) identified during the interview related to the case should be notified and referred for testing and treated after positive test results occur.
- G. All sex partners should be screened for STDs and preventively treated for chlamydia.
- H. Centers for Disease Control and Prevention (CDC) treatment recommendations indicate that high rates of reinfection strongly support protocols to retest individuals who test positive for chlamydia within the year at greater than 30 days post-treatment, preferably at three months following completion of treatment. This is not for the purpose of a test of cure, which is **NOT** recommended except in pregnant women (*Sexually Transmitted Diseases Treatment Guidelines, 2015*).
- I. Infection during pregnancy may result in conjunctival and pneumonic infection in the newborn. Prenatal screening can prevent chlamydia infections in neonates. However, neonatal ocular prophylaxis is **NOT** effective in preventing chlamydia ophthalmia neonatorum.
- J. All infants with conjunctivitis <30 days of age should be evaluated for chlamydia. Chlamydial pneumonia can occur one to three months after birth. These infants are at increased risk for abnormal pulmonary function later in childhood.

#### V. CONTACTS FOR CONSULTATION

- A. Local health departments and tribal health agencies:  
<https://www.dhs.wisconsin.gov/lh-depts/index.htm>

- B. Bureau of Communicable Diseases, Sexually Transmitted Disease Control Section: 608-266-7365
- C. Wisconsin State Laboratory of Hygiene / Bacteriology: 608-262-1616
- D. Milwaukee Bureau of Laboratories: 414-286-3526

## VI. RELATED REFERENCES

- A. Heymann DL, ed. Chlamydial Infections. In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 99-101.
- B. Pickering LK, ed. *Chlamydia trachomatis*. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 288-294.
- C. Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines 2015: <https://www.cdc.gov/std/tg2015/chlamydia.htm>
- D. Wisconsin Administrative Code, [Chapter DHS 145.14 – DHS 145.22](#)
- E. Wisconsin State Statute [252.11](#)
- F. Centers for Disease Control and Prevention, National Prevention Information Network: <https://npin.cdc.gov/disease/stds>

## VII. DISEASE TRENDS

Wisconsin STD Control Section Surveillance and Statistics: <https://www.dhs.wisconsin.gov/std/data.htm>